

PLEASE TELL US ABOUT YOURSELF.

(SMOKERS AGE 21 AND OVER)

☐ Mr. ☐ Male
☐ Ms. ☐ Female
☐ Mrs. First MI Last
 Address _____ Apt. # _____

City _____ State _____ ZIP _____ Phone (____) _____

By responding to this survey and signing below, I certify that I am a smoker 21 years of age or older. I am also willing to receive free cigarettes and branded incentive items in the mail, subject to applicable state and federal law.

Signature (required) X _____ Birth Date (required) _____
 Month Day Year

1. What is your regular brand of cigarettes - that is, the brand you smoke most often?

_____ (brand)

2. Is your regular brand...? (Check one.)

☐ Regular/King Size ☐ 100's ☐ 120's

3. Is your regular brand...? (Check one.)

☐ Menthol ☐ Non-Menthol

4. Is your regular brand...? (Check one.)

☐ Lowest/1 mg Tar ☐ Ultra/Extra Low Tar ☐ Light/Mild
☐ Medium ☐ Full Flavor

5. Do you usually buy it by the...? (Check one.)

☐ Pack ☐ Carton ☐ Both Ways

6. The next time you go to the store, if your regular brand were not available, what would you do? (Check one.)

☐ Go to another store to buy my regular brand.
☐ Buy another type or length of my regular brand.
☐ Wait until the store has my regular brand.
☐ Buy a different brand entirely.

7. If your regular brand were not available, which of the following brands would you consider buying? (Check all that apply.)

<input type="checkbox"/> Alpine	<input type="checkbox"/> Doral	<input type="checkbox"/> Misty	<input type="checkbox"/> Savannah
<input type="checkbox"/> Basic	<input type="checkbox"/> Eve	<input type="checkbox"/> Monarch	<input type="checkbox"/> Sterling
<input type="checkbox"/> Benson & Hedges	<input type="checkbox"/> GPC	<input type="checkbox"/> Montclair	<input type="checkbox"/> Store Brand/Generic
<input type="checkbox"/> Bristol	<input type="checkbox"/> Koal	<input type="checkbox"/> More	<input type="checkbox"/> Style
<input type="checkbox"/> Cambridge	<input type="checkbox"/> Malibu	<input type="checkbox"/> Newport	<input type="checkbox"/> Superslims
<input type="checkbox"/> Capri	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Newport Stripes	<input type="checkbox"/> Virginia Slims
<input type="checkbox"/> Carlton	<input type="checkbox"/> Merit	<input type="checkbox"/> Salem	<input type="checkbox"/> Winston
<input type="checkbox"/> Other _____	<input type="checkbox"/> None		

8. Please list all the brands of cigarettes you smoked at least one pack of in the past two weeks. How many packs did you smoke of each brand? Use as many lines as you need. Write in exact number of packs for each brand below: (Note: 1 carton = 10 packs.)

Brand Name # of Packs

_____	_____
_____	_____
_____	_____
_____	_____

9. Do you have a friend, 21 years of age or older, who smokes and would like to receive free cigarettes and incentive items in the mail? Please print full name and phone number.

Name _____
 Area Code _____ Phone Number _____

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